

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-006367

STATE FILE NUMBER

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 765

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1

2 3868

3

4 1

5 2

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7 1

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9 151X

10

11

12 65-0

13

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

FILED FEB 26 1963

1. PLACE OF DEATH

a. COUNTY JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN KANSAS CITY

Length of stay in 1b

35 YEARS

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION ST. JOSEPH HOSPITAL

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI

b. COUNTY JACKSON

c. CITY

OR TOWN

KANSAS CITY

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location) 6416 WYANDOTTE STREET

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First NANCY

Middle A

Last BRANNOCK

4. DATE OF DEATH

Month FEBRUARY

Day 3RD

Year 1963

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

12-26-1877

9. AGE (last birthday)

85 YEARS

IF UNDER 1 YEAR

Months 3 Days 0

IF UNDER 24 HR

Hours 0 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSE MOTHER - ALPHA CHI

10b. KIND OF BUSINESS OR INDUSTRY

BAKER - BAKER'S KANSAS

11. BIRTHPLACE (City and state or country)

MONMOUTH, KANSAS U.S.A.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

WILLIAM LUCAS

13b. MOTHER'S MAIDEN NAME

ABBEY DICKENSON

14. NAME OF HUSBAND OR-WIFE

ALLEN BRANNOCK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

ABBY RUSH

Address

6416 WYANDOTTE STREET KANSAS CITY MISSOURI

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinoma of the Stomach

INTERVAL BETWEEN ONSET AND DEATH 3 weeks

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

with Liver Metastasis

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Jan 20, 1963

to Feb 3, 1963

and last saw her Feb. 2, 1963

Death occurred at

7:05 A.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

John K. Caldwell M.D.

22b. ADDRESS

806 E 12 St. Kansas City, Mo.

22c. DATE SIGNED

2/4/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

FEB. 5, 1963

23c. NAME OF CEMETERY OR CREMATORY

CITY CEMETERY

23d. LOCATION (City, town, or county)

PLEASANT HILL, MISSOURI

24. FUNERAL DIRECTOR

D.W. NEWCOMER'S Sons

ADDRESS

K.C. MO 1331 BRUSH CREEK BLVD.

25. DATE RECD. BY LOCAL REG.

2-5-63

26. REGISTRAR'S SIGNATURE

Arthur Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

MAY 23 1963

Dr. John R. Beedwell
1036 Angles Bldg.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Raymond M. Hardy

Licensed Embalmer No. 4913

P. O. Address Indep. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.